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ABSTRACT

This briefing paper focuses on collaborations between schools, the health industry (specifically managed care organizations or MCOs), and all other agencies which have vested interests in promoting the health and success of children. The paper presents a vision of health that includes both medical and behavioral components, asserting that health care plans that best provide for children include a continuum of care focusing on both prevention and intervention. Specifically, the paper argues that schools, social service providers, and the health care industry need to form new collaborations to assure effective prevention programming in their health policies for all children. The paper defines "prevention" and "wellness," discusses the state of the health care industry, outlines the challenges for child advocates in promoting a more holistic view of health care for children, and discusses the role of schools in integrated child health support systems. The paper concludes that education should play a proactive role in health care by collaborating with health care providers and policymakers to ensure that children and youth receive preventive care, that existing health care programs in schools are well funded, and that educators are properly trained to recognize health problems in their early stages. Contains 18 references. (EV)

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America's Youth: Managed Care's Most Valuable Population

by Thomas W. Barlow*

Introduction

One of today's greatest challenges is how to assure health care coverage for all children. The issue of "health" for America's children is not new, but with the rapidly changing nature of the health care industry, it is perhaps now more important than ever before. Increasingly, families and their children are finding their health care needs being met by managed care organizations (MCOs). "Managed care" is predicated on the need, among others, to control rising health care rates. At issue for America's children is whether MCOs, which today control a majority of health plans for adults in the U.S., view the dependents of their enrollees as their "most valuable population." If they do, then health care plans delivered through MCOs will need to include distinctly different program provisions from those that program primarily for adults. At a time when thousands of children annually lose health care benefits through employer provided plans, the nation's "most valuable population's" health needs to be re-examined. Special attention must be given to the potential for collaboration among all agencies that are responsible for children. In this time of flux, a great opportunity exists to form new relationships with agencies that support children and their families. This paper focuses on collaborations between the schools, the health industry, and all other agencies which have vested interests in "healthy" and successful children.

The vision of health this paper holds is one which includes both medical and behavioral components of health. Both aspects of health care are critical because of the unique nature of children developing physically, socially, emotionally, and cognitively so rapidly. Health care plans that best provide for children include a continuum of care. A continuum of care is one which focuses on both prevention and intervention programs, medical and behavioral health, along a continuous scale. In between prevention and intervention are the secondary prevention components of early identification, assessment and referral services for those children in need of specific services. For purposes of this paper, the argument falls primarily on the need for schools, other social service providers, and the health care industry to form new collaborations to assure effective prevention programming in their health policies for all children.

Prevention is defined by the Institute of Medicine as "to keep something from happening." The U.S. Department of Health and Human Service's Center for Substance Abuse Prevention defines prevention as "the promotion of

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constructive lifestyles and norms that discourage drug use and the development of social and physical environments that facilitate drug-free lifestyles." Wellness, which is most often seen as holistic prevention, is usually described as the accumulation of organizational and personal practices which contribute to the maintenance of good health and the prevention of illness.

The State of the Health Care Industry

The increasing cost of health care has had a major impact on the coverage provided by medical health policies. Too often, cost has prevented policyholders, whether private, corporate, or public from including preventive services for children within the constellation of services provided by policies. Additionally, many MCOs have felt that policies that included behavioral health services, which constitute health promotion, are not best incorporated in medical health policies. Primary prevention has often been considered "soft" by the medical community, soft in that it is difficult to assess the impact that prevention has on a child, family, or community. Generally, schools, prevention departments within child service agencies, and nonprofit organizations have been responsible for providing prevention services to children. However, the health industry, particularly MCOs, are beginning to realize that primary prevention does indeed have a logical place in the continuum of care provided to enrollees and their children. In fact, some MCOs are beginning to pay serious attention to the health of children, and the prevention of serious disease, as the major means of achieving both a healthy child, family, community, and a long-term cost containment benefit.

Therefore, there is an increasing concern and need on the part of the health industry, corporate America, education, and other agencies to plan preventive benefits for the children of enrollees. The corporate world is assessing the impact of prevention programs on the health of their employee families, and the cost of their premiums. For example, a recent report completed for the Marion Merrell Dow, Inc. (1996) states: "By placing added emphasis on preventive care and self-care, employers hope to develop a greater health consciousness in their employees. . ." The same report also states: "Two-thirds of survey participants believed that because the acceptance of preventive health programs is growing so rapidly, these plans will become standards of the industry within the next five years."

The public health model addresses the health of the community, or the health of populations, in contrast to that of individuals. Although the health industry is more likely to be concerned about the health of its enrolled individuals, logically there is a connection and value added to assuring a healthy community. From that perspective, it is becoming much more common that MCOs and others in the health industry include behavioral health components within their annual health benefits plans. These components have historically been found in more traditionally focused public health agencies, but may also form the basis of sound future collaborations among child care agencies and advocates.

The Challenge

As advocates for children, then, how is education most likely to influence the traditional health industry to include behavioral health, prevention, and programs for all children. First, there is the challenge to truly advocate for children, all children, in making sure that all sectors of the health industry, including private and public vendors, of health coverage are impacted. This includes privately purchased insurance plans, those provided by employers, and those provided by the federal government through states in Medicare and Medicaid coverage for children in impoverished families.

Another challenge is to provide "ample reason" to integrate services for children, providing for their holistic care and education. "Ample reason" usually translates into statements of "how is this going to be good for me and my agency" data. The health industry has a high need to provide outcome data on cost effectiveness, as well as program effectiveness. Does providing primary prevention programs in schools, in clinics, in hospitals, etc., signifi-

cantly impact the long-term health of children, tomorrow's adults and families? If so, then what are the best means of ensuring access to prevention programs? And, how are all children, those in poverty and without health insurance, guaranteed quick and easy access? For education, in particular, are there sufficient data to show effectiveness of including comprehensive prevention programs within the school curriculum, within the school health programs, the reforms underway in some schools to include housing health clinics within the school itself? The common refrain in these questions is the search for data to prove that after expending the effort, the outcome will be worth it.

The ultimate challenge is in having the vision and stamina necessary to retain a vision of healthy children, children who will have sufficient medical and behavioral health status to assure their academic success, and social success the community at large has a vested interest in. If these can be retained, then the possibilities of integrating the health care delivery system, education and other child care agencies are enormous. Many communities are already enjoying the results of such vision; many others are eagerly exploring ways of doing so.

Integrated Child Support Systems

Too many times, the health industry, and managed care in particular, has been labeled the "bad guy." In contrast, many MCOs have historically taken the lead in developing and offering integrated prevention services for children. Simultaneously, many of America's education systems have been struggling to find effective ways to better educate and support children.

In many instances, school reform has embraced the need for greater involvement by the community and other agencies that serve children and their families. In instances where this has occurred, there has been a natural hotbed for the incubation of integrated system and collaboration this paper encourages. By working closely with the health care system and having current and accurate knowledge of the community, policymakers, including schools, can help ensure the availability of comprehensive health services to all children in the community.

As they begin collaborations with health care providers and other agencies, schools should ensure that their expertise in child development, curriculum design, instruction, and other aspects of schooling that have logical impact on the lives of children outside the school room are included in any integrated service program. For example, educators should advocate integrated health/education programs that:

- Are designed specifically for children and adolescents.
- Address children from a "continuum of care" perspective.
- Are culturally and developmentally appropriate.
- Are easily accessible to children, therefore making the school a logical first point of entry.
- Are integrated with other child service provider agencies.
- Support families, as well as children.
- Include curricula that teach lifestyle/risk reduction/decision making skills.
- Are supported by sound evaluation designs.
- Are based on the strengths of children, their families, and communities.

Summary

Health care providers have recognized the need to provide preventive care as a means of impacting the health of children and controlling costs (both short and long term) and are revising their benefit packages. This is good news for education, and other service providers that are vested in the health and success of children. Certainly, it is good news for education, for therein lies the opportunity for schools to integrate education's resources with those of the health care industry, and others in the community.

Education should play a proactive role in health care by collaborating with health care providers and policymakers to ensure that children and youth receive preventive care, that existing health care programs in schools are well funded, and that educators are properly trained to recognize health problems in their early stages. To achieve this requires a well-defined school infrastructure that is trained in early detection of health problems in children and that children have access to appropriate specialists who can address problems at the embryonic stages. This collaborative will promote wellness, enhance both the social and academic successes of children, and keep health care costs affordable.

The opportunities for providing seamless services to all children are greater now than ever before. As millions of America's youth are removed from the roles of the insured, how are their health care needs going to be met unless those agencies that exist to support them collaborate in new ways? These collaborations will need to consider both program and policy implications for their new work. Examples of effective program components include the inclusion of media in all community-wide initiatives, curricula that promote decision making skills, and program development around resiliency-based strengths of children, their families, and their communities. Policy components may include the inclusion of behavioral health (primary prevention) models in all health care plans, regulations that provide for adequate funding, and easing of interagency data sharing.

Recent developments in America's health care industry, child/family support agencies and education offer important reminders that advocates for children must pay even greater attention to safeguarding the health and success of America's children, which are managed care's most valuable population. To a large degree, the care that is provided children now will determine the shape and success of America.

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